STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS RATES

MAXIMUM MEDICAID PAYMENT RATES FOR LISTED PEDIATRIC PRACTITIONER SERVICES (continued)

Procedure Code	Procedure Description	Maximum Payment Effective 7-1-96
Home Services		
New Patient		
99341	Usually the presenting problem(s) are of low severity	$ 33.50
99342	Usually the presenting problem(s) are of moderate severity	41.88
99343	Usually the presenting problem(s) are of high severity	56.28
Established Patient		
99351	Usually the patient is stable, recovering, or improving	30.15
99352	Usually the patient is responding inadequately to therapy or has developed a minor complication	40.20
99353	Usually the patient is unstable or has developed a significant complication or significant new problem	54.61
99354	Prolonged physician service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	59.60
99355	each additional 30 minutes	29.80
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	Non-covered service
99359	each additional 30 minutes	Non-covered service
Preventive Medicine Services		
New Patient		
99381	Initial evaluation and management of a healthy individual requiring a comprehensive history, a comprehensive examination, the identification of risk factors, and the ordering of appropriate laboratory/diagnostic procedures; new patient; infant (age under one year)	33.50
99382	early childhood (age 1 through 4 years)	33.50
99383	late childhood (age 5 through 11 years)	40.20
99384	adolescent (age 12 through 17 years)	46.90

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS RATES

MAXIMUM MEDICAID PAYMENT RATES FOR LISTED OBSTETRICAL PRACTITIONER SERVICES

Procedure Code	Procedure Description	Maximum Payment Effective 7-1-96
Preventive Medicine Services		
Established Patient		
99391	Periodic preventive medicine reevaluation and management of an individual including a comprehensive history, comprehensive examination, counseling/anticipatory guidance/ risk factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures, established patient; infant (age under)	$ 26.80
99392	early childhood (age 1 through 4 years) 1 year	26.80
99393	late childhood (age 5 through 11 years)	30.15
99394	adolescent (age 12 through 17 years)	36.85

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MAXIMUM MEDICAID PAYMENT RATES FOR LISTED PEDIATRIC PRACTITIONER SERVICES

Procedure Code	Procedure Description	Maximum Payment Effective 7-1-96
	Counseling and/or Risk Factor Reduction Intervention	
	New or Established Patient	
	Preventive Medicine, Individual Counseling	
99401	Counseling and/or risk factor reduction intervention(s) provided to a healthy individual; approx. 15 minutes	(non-covered)
99402	approximately 30 minutes	(non-covered)
99403	approximately 45 minutes	(non-covered)
99404	approximately 60 minutes	(non-covered)
	Preventive Medicine, Group Counseling	
99411	Counseling and/or risk factor reduction intervention(s) provided to healthy individuals in a group setting; approximately 30 minutes	(non-covered)
99412	approximately 60 minutes	(non-covered)
	Other Preventive Medicine Services	
99420	Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal)	(non-covered)
99429	Unlisted preventive medicine service	(by report)
	Newborn Care	
99432	Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s)	$ 43.55

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MAXIMUM MEDICAID PAYMENT RATES FOR LISTED PEDIATRIC PRACTITIONER SERVICES

Procedure Code	Procedure Description	Maximum Payment Effective 7-1-96
Immunizations*		
90700	Immunization, active, diptheria, tetanus toxoids, and acelklor pertussis vaccine (DTaP)	15.56
90701	Diphtheria and tetanus toxoids and pertussis vaccine (DTP)	12.67
90702	diphtheria and tetanus toxoids (DT)	1.36
90703	tetanus toxoid	2.24
90704	mumps virus vaccine, live	19.20
90705	measles virus vaccine, live	18.73
90706	rubella virus vaccine, live	17.23
90707	measles, mumps and rubella virus vaccine, live	32.43
90708	measles and rubella virus vaccine, live	23.12
90709	rubella and mumps virus vaccine, live	26.00
90710	measles, mumps, rubella and varicella vaccine	By report
90711	diptheria, tetatnus, and pertussis (DTP) and injectable poliomyelitis vaccine	By report
90712	poliovirus vaccine, live, oral (any type(s))	15.60
90713	poliomyelitis vaccine	24.35
90714	typhoid vaccine	2.35
90716	varicella (chicken pox) vaccine	47.33
90717	yellow fever vaccine	49.93
90718	tetanus and diphtheria toxoids absorbed	2.71
90719	diptheria toxoid	3.10
90720	diptheria, tetanus, and pertussis (DTP) and hemophilus influenza B (Hib) virus vaccine	33.72

*Childhood vaccines available through the Vaccine for Children (VFC) program are not reimbursed. An administration fee of $8.00 per immunization is paid.

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MAXIMUM MEDICAID PAYMENT RATES FOR LISTED PEDIATRIC PRACTITIONER SERVICES

Procedure Code	Procedure Description	Maximum Payment Effective 7-1-96
90721	diptheria, tetanus toxoids, and acellular pertussis vaccine (DTAP) and hemophilus influenza B (HIB) vaccine	By report
90724	influenza virus vaccine	3.80
90725	cholera vaccine	By report
90726	rabies vaccine	133.88
90727	plague vaccine	By report
90728	BGC vaccine	By report
90730	hepatitus A vaccine	By report
90732	pneumococcal vaccine, polyvalent	10.21
90733	meningococcal polysaccharide vaccine (any group(s))	13.50
90737	Hemophilus influenza B	20.00
90741	Immunization, passive; immune serum globulin, human (ISG)	1.50 per cc
90742	specific hyperimmune serum globulin (e.g., hepatitis B, measles, pertussis, rabies, Rho(D), tetanus, vaccinia, varicella-zoster)	By report
90744	Immunization, active hepatitus B vaccine; newborn to 11 years	19.23
90745	11-19 years	38.46
90749	Unlisted immunization procedure	By Report
100014	HEALTH CHECK (EPSDT) exam (Nebraska-Add code) without formal vision and hearing testing	50.07
100015	HEALTH CHECK (EPSDT) exam (Nebraska-Add code) with formal vision and hearing testing	62.29

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Active providers were counted from claims paid July 1, 1996 through December 31, 1996. To be counted, a provider must have at least six claims paid (average of one per month). This does not include providers paid through prepaid managed care plans. Providers are counted from fee for service claims.

State total counts of physicians came from the 1993 Health Department Survey (the most recent available).

DISTRICT	OB/GYN LICENSED	OB/GYN PARTI-CIPATING	OB/GYN % MEDICAID	PED LICENSED	PED PARTICI-PATING	PED % MEDICAID
Panhandle	48	48	100.0%	48	48	100.0%
Southwest	61	55	90.2%	62	54	87.1%
North Central	28	28	100.0%	28	28	100.0%
South Central	81	79	97.5%	89	82	92.1%
Northeast	64	64	100.0%	65	65	100.0%
Southeast	75	75	100.0%	74	74	100.0%
Lincoln/ Lancaster	106	84	79.3%	113	90	79.7%
Omaha Metro	412	242	58.7%	473	292	61.7%
State Total	875	736	84.1%	952	797	83.7%

OB/GYN includes OB/GYN specialty and family practice.
PED includes Pediatric specialty and family practice.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS RATES

AVERAGE AMOUNT PAID FOR OBSTETRICAL SERVICES FOR JULY 1, 1995 THROUGH JUNE 30, 1996

Note: Rates paid are the same throughout the state. Payments from other sources are excluded from the average amount paid.

Procedure Code	Procedure Description	Average Payment
Delivery, Antepartum and Postpartum Care		
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	$ 884.42
59409	Vaginal delivery only (with or without episiotomy and/or forceps)	492.02
59410	Vaginal delivery only (with or without episiotomy and/or forceps) including postpartum care	555.26
59412	External cephalic version, with or without tocolysis	127.29
59414	Delivery of placenta (separate procedure)	112.25
59425	Antepartum care only; 4-6 visits	33.02
59426	7 or more visits	31.15
59430	Postpartum care only (separate procedure)	37.68
Cesarean Delivery		
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	1116.27
59514	Cesarean delivery only	668.76
59515	Cesarean delivery only including postpartum care	808.57
59525	Subtotal or total hysterectomy after cesarean delivery	0.00 (None paid)

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS RATES

AVERAGE AMOUNT PAID FOR PEDIATRIC SERVICES FOR JULY 1, 1995 THROUGH JUNE 30, 1996

Note: Rates paid are the same throughout the state. Payments from other sources are excluded from the average amount paid.

Procedure Code	Procedure Description	Average Payment
Evaluation and Management		
Office or Outpatient or Other Ambulatory Facility (Visit)		
New Patient		
99201	Physicians typically spend 10 minutes	$ 28.20
99202	Physicians typically spend 20 minutes	28.36
99203	Physicians typically spend 30 minutes	40.86
99204	Physicians typically spend 45 minutes	53.76
99205	Physicians typically spend 60 minutes	49.95
Established Patient		
99211	Typically 5 minutes are spent supervising or performing these services	11.53
99212	Physicians typically spend 10 minutes	16.92
99213	Physicians typically spend 15 minutes	27.88
99214	Physicians typically spend 25 minutes	41.20
99215	Physicians typically spend 40 minutes	50.28
Office or Other Outpatient Consultations		
New or Established Patient		
99241	Physicians typically spend 15 minutes	25.86
99242	Physicians typically spend 30 minutes	50.23
99243	Physicians typically spend 40 minutes	59.67
99244	Physicians typically spend 60 minutes	75.07
99245	Physicians typically spend 80 minutes	103.90

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AVERAGE AMOUNT PAID FOR PEDIATRIC SERVICES FOR JULY 1, 1995 THROUGH JUNE 30, 1996 (continued)

Procedure Code	Procedure Description	Average Payment
	Preventive Medicine Services	
	New Patient	
99381	Initial evaluation and management of a healthy individual requiring a comprehensive history, a comprehensive examination, the identification of risk factors, and the ordering of appropriate laboratory/diagnostic procedures; new patient; infant (age under one year)	$ 31.33
99382	early childhood (age 1 through 4 years)	31.83
99383	late childhood (age 5 through 11 years)	37.71
99384	adolescent (age 12 through 17 years)	40.81
	Established Patient	
99391	Periodic preventive medicine reevaluation and management of an individual including a comprehensive history, comprehensive examination, counseling/anticipatory guidance/ risk factor reduction interventions, and the ordering of appropriate laboratory/diagnostic procedures, established patient; infant (age under)	24.25
99392	early childhood (age 1 through 4 years) 1 year	24.91
99393	late childhood (age 5 through 11 years)	26.79
99394	adolescent (age 12 through 17 years)	37.25

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENTS RATES

AVERAGE AMOUNT PAID FOR PEDIATRIC SERVICES FOR JULY 1, 1995 THROUGH JUNE 30, 1996 (continued)

Procedure Code	Procedure Description	Average Payment
Immunizations		
90701	Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP)	$ 12.15
90707	measles, mumps and rubella virus vaccine, live	30.64
90712	poliovirus vaccine, live, oral (any type(s))	14.91
90731	hepatitis B vaccine	18.22
90737	Hemophilus influenza B	19.26
100014	HEALTH CHECK (EPSDT) exam (Nebraska-Add code) without formal vision and hearing testing	43.03
100015	HEALTH CHECK (EPSDT) exam (Nebraska-Add code) with formal vision and hearing testing	53.29
